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To: Examiner Frank Wei Min Lu
USPTO
Art Unit: 1634
Confirmation No.: 3176

From: Xiaochun Zhu, Ph.D.

Fax: 571-273-8300

Pages: 14 (including cover)

Phone:

Date: May 31, 2007

Re: Kunio Hori, et al.
U.S. Patent Appln. No. 09/995,100
Filed: November 27, 2001
Our Docket: 15111

CC:

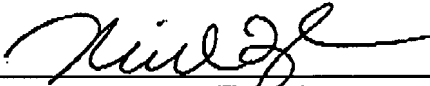
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The following is attached herewith:

1. Request For Continued Examination (RCE) Transmittal (in dup);
2. Amendment Transmittal (in dup);
3. Response to the Notice of Non-Responsiveness Amendment Under 37 C.F.R. §1.114;
4. Copy of Return Postcard dated May 31, 2005;
5. Authorization to charge deposit account no. 19-1013/SSMP for \$790 (RCE);
and
6. Certificate of Facsimile

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Kunio Hori, et al.			Docket No. 15111
Application No. 09/995,100	Filing Date November 27, 2001	Examiner Frank Wei Min Lu	Group Art Unit 1634
Invention: METHOD FOR DETERMINING POLYMORPHISM			RECEIVED CENTRAL FAX CENTER MAY 31 2007
<p>I hereby certify that this <u>Response to the Notice of Non-Responsiveness Amendment Under 37 C.F.R. 1.114</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>May 31, 2007</u> (Date)</p> <p style="text-align: right;">Xiaochun Zhu (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: center;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Kunlo Hori, et al.				15111	

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/995,100	November 27, 2001	Frank Wei MinLu	23389	1634	3176

Invention: **METHOD FOR DETERMINING POLYMORPHISM**

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COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

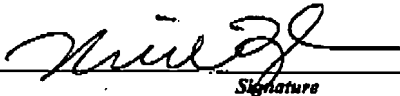
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CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5 -	44 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	1 -	6 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

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- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP
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Signature

Dated: May 31, 2007

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